Notification to Law Enforcement
Please type or print

Involved Adult: _____ **Date Received by APS:** _____

To: ____ Police Dept. ____ Sheriff Dept. ____ County Atty. ____ District Atty. ____ Attorney General

Police or Sheriff Dept.: _____ **County or District Atty.:** _____

From: _____ **DCF Region:** _____ **Date:** _____

> The Department for Children and Families (DCF) has received and investigated a report of abuse, neglect, or exploitation of the involved adult named below. **The finding from this investigation has been substantiated.** Per statute, this information is being provided to the Attorney General's Office, and your agency may be contacted in regard to the investigation. Your review of this matter is requested. If your agency has not been involved and plans to proceed with an investigation or other action, please contact us.

Date report received by DCF: _____

Allegation Types(s): ____ Abuse ____ Neglect ____ Exploitation ____ Fiduciary Abuse ____ Sexual Abuse

Allegation Information (Please type a summary of the allegation):

INVOLVED ADULT INFORMATION (Please Type):

Name (Last, First): _____ **DOB/Age:** _____ **M** ____ **F** ____

Address: _____ **Apt. #:** ____ **City/State:** _____ **Zip** ____

Phone: _____ **County:** _____

ALLEGED PERPETRATOR INFORMATION (Please Type):

ALLEGED PERPETRATOR 1:

Name (Last, First): _____ **DOB/Age:** _____ **M** ____ **F** ____

Address: _____ **Apt. #:** ____ **City/State:** _____ **Zip** ____

Phone: _____ **County:** _____

Relationship to Involved Adult: _____

ALLEGED PERPETRATOR 2:

Name (Last, First): _____ **DOB/Age:** _____ **M** ____ **F** ____

Address: _____ **Apt. #:** ____ **City/State:** _____ **Zip** ____

Phone: _____ **County:** _____

Relationship to Involved Adult: _____

ALLEGED PERPETRATOR 3:

Name (Last, First): _____ **DOB/Age:** _____ **M** ____ **F** ____

Address: _____ **Apt. #:** ____ **City/State:** _____ **Zip** ____

Phone: _____ **County:** _____

Relationship to Involved Adult: _____

State of Kansas
Department for Children and Families
Prevention and Protection Services

PPS 10350
July 2015

Notification to Law Enforcement
Please type or print

Involved Adult: _____ **Date Received by APS:** _____

ALLEGED PERPETRATOR 4:

Name (Last, First): _____ **DOB/Age:** _____ **M** ____ **F** ____

Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____

Phone: _____ **County:** _____

Relationship to Involved Adult: _____

Report submitted by: _____ **Phone:** _____ **Fax:** _____

APS Social Worker - Attach a copy of the PPS 10100 and 10110